

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Karsten A. Laing

Title:

PUMP WITH SELECTABLE

SUCTION PORTS

Prior Appl. No.:

10/054,456

Prior Appl.

Filing Date:

01/24/2002

Examiner:

Unknown

Art Unit:

Unknown

CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450. EL990322831US September 22, 2003 (Express Mail Label Number) (Date of Deposit) Germaine Sarda (Printed Name)

CONTINUING PATENT APPLICATION TRANSMITTAL LETTER

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

	Continuation	[X] Division	[] Continuation-In-Part ((CIP)
ι.		[] 1.101011	[] Continuation in all (νи,

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- [X] Specification, Claim(s), and Abstract (6 pages).
- [X] Formal drawings (3 sheets, Figures 1-6).

- [X] Copy of Declaration and Power of Attorney filed in copending United States Patent Application No. 10/054,456 filed January 24, 2002 (2 pages), which claims priority to foreign application no 100 62 207.0 (Germany) filed December 13, 2000.
- [X] Application Data Sheet (37 CFR 1.76) (3 pages).
- [X] Return postcard

The filing fee is calculated below:

	Claims		Included in		Extra				Fee
	as Filed		Basic Fee		Claims		Rate		Totals
Basic Fee							\$750.00		\$750.00
Total Claims:	8	-	20	=	0	x	\$18.00	= .	\$0.00
Independ ents:	3	-	3	=	0	X	\$84.00	=	\$0.00
If any Multiple Dependent Claim(s) present: + \$280.00							= .	\$0.00	
						SU	JBTOTAL:	=	\$750.00
[] Small Entity Fees Apply (subtract ½ of above):							=		
TOTAL FILING FEE:								=	\$750.00

- [X] Please charge Deposit Account No. 50-0872 in the amount of \$750.00 to cover the filing fee.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

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